Annex 3

DRAFT Gap Analysis and the Design of Future Provision

This section spells out the shape of future services and the strategic priorities necessary to achieving them.

Stage 1 Future forecasting

We have identified in the Needs Analysis that, using demographic forecasting, we expect the older population in York to grow by 31% between 2005 and 2020. If no action were taken to reduce ill health within the population this would mean that we could expect the following increases in needs within the population. The following table shows the increase in numbers that might be expected for key conditions, based on a 31% increase in population.

Table 13: Summary of predicted increase in key conditions

Condition	Current numbers	2020 predicted numbers
Dementia	2,100	2,800
Diabetes	4,600	5700 (forecast for 2010)
Falls (more than 1 a year)	1,440	1,815
COPD	1,100	1,604
Stroke	150	200
	9,390	**12,119**

We have some information to help us understand where in the health and care system these conditions are most likely to produce pressures.

We do know that in 2005/6 there were 453 people over 65 receiving social services, who were identified as having primarily mental health needs, and that 287 of these were identified as having dementia. This would suggest that we are currently meeting only 14% of the possible demand for dementia care and support. If we were to continue to support the same proportion in 15 years time we would need to provide care for an additional 163 with mental health needs by 2020, 105 people of these additional customers would have dementia

We also know that 4,698 people over 65 receiving services from the Council were identified as having physical disabilities, with 4,170 of these living in their own homes. If these increased at the same rate we would need to support and additional 1,456 people in residential or nursing care or in their own homes

If demand, type and proportion of service provision remained constant this would mean that we would expect to need to provide an additional 31% volume on top of the current services. The following table shows the impact of increasing current capacity by 31%. The projected costs for 2020 do not include any allowance for inflationary uplifts, and are based on the current investment by City of York Council only.

Service	Current numbers per annum	Current cost	Projected numbers per annum	Projected cost
Home Care	2120	£6m	3108	£8.9m
Equipment	2390	£0.55m	3582	£0.8m
Residential and nursing care	995	£9.5m	1428	£13.6m
Total		£16.05m		£23.3m

Stage 2 Conclusions

Our assumptions about population growth have been based on demographic projections. We recognise that there is a risk that the older population will grow faster than the demographic projections predict particularly if new private sector housing developments attract 'incomers' as expected. Although the majority might be owner-occupiers and able to fund their own care needs, there would still be an additional pressure on health services, and on workforce availability

Healthy life expectancy will be influenced by the success of health improvement programmes. In 2004 the Department of Health published 'Choosing Health – making healthier choices easier' which identifies priorities for local health agencies and their partners to reduce the incidence of key conditions. Locally there are initiatives working to reduce the incidence of coronary heart disease, strokes, and diabetes. Reductions in incidence of these illnesses, and improvements in the management of symptoms could reduce demand for services in both the health and care services. Additionally, The lack of long term funding for a Falls Co-oordinator is see as a risk to address demand in this area. We do not know how these conditions impact on the demand for services currently and so it is difficult to factor in any impact on demand through reduction in incidence of limiting conditions on demand for services.

We have limited knowledge about the use of and demand for other preventive community health services or the impact that either their presence or absence has on social care provision. Generally services are not provided specifically for older people, and health information is not available on locality basis, or a patient basis. Practice Based Commissioning could help to give a better understanding of the role these services can play in reducing demand for more intensive health and social care services.

Preventative services such as Day Clubs are finding that a growing number of the people who are interested and would benefit from the social interaction of the

clubs cannot be accommodated because they have personal care needs that the clubs are unable to meet, or transport to get them to the clubs is not available.

There is an assumption, nationally and locally, that the introduction of telecare and telehealth monitoring will reduce the demand for more traditional services, both community based and residential care. The ability to monitor risks 24 hours a day will offer a new choice for people to remain safely in their own homes, and will allow help to be provided when a crisis occurs, rather than rely on help being summoned (as with the current community alarms), or identified only when a visit is made. The impact of this will, it is assumed, mean we would expect to be able to use some of the resources currently funding 'pop-ins' to provide more intensive care packages for those who need to be helped with personal care at home. It is also assumed that we could further reduce the number of people needing residential care, because we could manage risk more consistently.

It is clear that dementia services will be increasingly under pressure as the population grows. Models that have been seen to be effective in adult mental health services are assumed to offer potential benefits to older people as well. 24-hour cover by integrated community teams; rapid response, and community crisis teams would help to reduce the number of older people needing hospitalisation to undertake assessments. Improved support to carers at an earlier stage would, we believe, allow us to support more people to remain at home for longer

The authority believes that to support improved target support to older people at home would be enhanced by moving all the new domiciliary services to outcome based contracts from the outset, but decided we have not completed the necessary work to introduce this yet.

As generic services (home care, day care, care homes, sheltered housing) play a very important part in providing quality of life for older people with mental health problems, such as dementia and depression, and in preventing unnecessary admissions, it could be assumed that staff in these services require additional support to develop mental health skills.

The Dementia North report suggested that the numbers of older people needing support because of dementia would be affected by the growing use of anti – dementia treatments. At this stage we still cannot estimate accurately the impact of the treatments. There will still be a need to monitor the health and needs of anyone receiving such treatments, even if the demand for more intensive support can be delayed through their use.

We made assumptions through the Best Value review that additional extra care, provided it is linked to a 24 hour service for personal care needs, will reduce the demand for residential care. The evidence suggests this was true, as the demand for residential care has been decreasing. We would assume therefore that if we can continue to develop specialist and comprehensive services within the

community (Intermediate and Transitional Care) we can at least stabilise, if not reduce further the demand for residential care as the population continues to grow. We would expect that where there is a need for residential care it is most likely to be for EMI and high dependency needs, but would wish to explore models for extra care that could offer an alternative to older people with the most complex needs.

There is a limited choice of suitable housing in the private "to buy" sector. The authority is aware of growing interest from developers and we have seen a number of planning applications for sheltered schemes for home owners. This is something we would want to encourage, but currently have concerns that the models of development being proposed do not address affordability issues

The authority and its partners need to improve their approach to understanding demand and supply. The new York and North Yorkshire PCT is beginning to look at how to commission better services to address high levels of unplanned hospital care of older people. This will be within an agreed commissioning framework, which will involve both local authorities. There is clear potential for improvements in both step up and step down services, to reduce hospital admissions.

Crucial to this understanding of our current position is the need to do more to identify and assess carers at the right time to offer support.

Stage 3 Funding

York is a low spending council, with a low tax base, and low grants settlement. Unless any of these factors change over the next 15 years, there will be significant funding pressures created by the need to continue to achieve efficiencies at the same time as demand is growing.

The Primary Care Trust is also subject to severe financial pressures, and has just published plans to address a £23m shortfall in budget for this year.

If it should be necessary to change eligibility criteria it is expected that some of the savings achieved would be used to reinvest in preventive services. All of the voluntary organisations currently funded are interested in opportunities to increase their capacity.

Home care budgets have overspent for the last two years. We believe the new service configuration will bring efficiencies, both because of the changes in working practices and because of the greater focus on enabling outcomes and specialist provision. We would expect to be back within budget next financial year, but it will be essential that in house services deliver the expected efficiencies to increase the proportion of direct contact time provided.

The Supporting People funding is expected to continue to fall, possibly throughout the next 10 years. We know that York has been considered to be one of the 'outlying' authorities, whose legacy funding at the inception of the programme was considerably higher than a distribution formula would probably allocate to the city.

A growing number of homeowners would suggest that more people might be able to afford to fund their own care in future. However there is a risk that the traditional employment patterns in York will mean that many may be capital rich but revenue poor. Until recently York's traditional industries had been the railways, manufacturing, retail and tourism, and these traditionally have not provided high pension levels.

Currently Supporting People only funds services for tenants. Although any Supported Housing Costs for owner occupiers are allowed within a Fairer charging assessment for social care services, someone just receiving a warden call service for example would not be eligible for a subsidy, whatever their income level. With an expected growth in the number of owner-occupiers over the lifetime of this strategy, we will need to review the implications of this, for achieving the outcomes of supporting more people to remain within their own homes.

There are still opportunities to deliver efficiencies in service delivery and costs. Home Care has already been mentioned. We know from the Dementia North report that there is potential to remodel some of the current mental health services for older people to provide more community based support, more cost effectively. We have not yet conducted the planned review of day care, and we will need to ensure that the big investment that we currently have in the in house residential care homes is the best use of funds, particularly if the introduction of telecare and telehealth monitoring, with the appropriate response services, can deliver the benefits predicted, and reduce the demand for residential care.

Our Hypotheses

Based on the above predictions and assumptions we have constructed hypotheses that will form the basis of our on-going data collection and evaluation and the development of our future commissioning priorities:

"If we transfer services from hospital-based (secondary) care to GP (primary) and intermediate care for older people we would be able to increase the number of people who are supported at home and reduce demand for acute hospital based beds. Specifically we could develop specialist home and day care services."

Additionally;

'Continued investment in extra care housing will allow us to reduce the number of residential and nursing beds we purchase or provide.'

"We need to remodel some of the current mental health services for older people in order to provide more community based support, more cost effectively.

"The introduction of telecare and telehealth services, with the appropriate response services will provide good service user outcomes and reduce the demand for residential care".

"An increase and targeting of resources and support to carers (especially those caring for older people with dementia) will contribute to maintaining someone in the community and minimise the risk of the carers ill health and in-ability to care"

Stage 4 Commissioning Priorities

In order to test out the robustness of these hypotheses into service developments is to focus on service provisions and interventions that we believe is most likely to have an impact on these assumptions:

- Development of shared commissioning framework with health. This will include agreement on what information should be regularly collected, and how it will be analysed and shared, to inform decision making about services. Greater understanding of the effectiveness and impact of health interventions and improvement initiatives on demand for services
- Dementia Care – Increase in capacity in services to meet the growing need for services. Focus to be on development of more community based health and social care, including more intensive and crisis response services, and more support for carers. Development of more integrated working, and improved support at GP practice level.
- Increased capacity to provide care at home, including those with more complex needs on a 24 hour basis
- Effective use of telecare and telehealth monitoring to deliver more choice, and more independence, with improved management of risk at home.
- Development of a Prevention strategy, to shape what services we would wish to see available, ensure best use is made of resources to support more people at an earlier point in their care pathway, and to reduce social isolation.
- Reshaping of day care services to provide more effective respite care, and to allow those with health and personal care needs access and choice in day time activities
- Improved and targeted information, which proactively looks at what services, support, and opportunities for community involvement might be helpful to people, and in particular carers.
- More integrated working, between health and social care, with improved links to GP practices.

- Work with housing providers from all sectors to further develop Extra Care model of housing, including growth of care services around current sheltered housing schemes, and development of dementia care models within specialist housing options
- Work with Planners to ensure that best use is made of opportunities to develop new housing for older people, taking into account changing tenure patterns, need for affordability and likely levels of demand from York residents.
- Workforce issues will need to be addressed across the system to encourage and support recruitment and retention within the care sectors, and to maximise efficiencies through more integrated working.

Our next step in developing our plan of how we will begin to move to this position is to undertake a cost benefit analysis in order to establish the following:

- Which of these services already exist, what impact would increased take up have on its capacity to deliver and at what cost could the service be increased?
- Which services would need to be created or adapted and at what cost?
- Which services might be de-commissioned or reduced in size as a consequence of new interventions?